

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Filer ID #	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received	
		Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount \$
		Date Processed	
5 OFFICE HELD (if any)		Date Imaged	
6 OFFICE SOUGHT (if known)			
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Michael E. Ohnheiser</u> <u>03/17/2025</u> Signature of Candidate Date Signed</p>		

GO TO PAGE 2

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE  
NAME

MICHAEL E. OHNEISER

12 MODIFIED  
REPORTING  
DECLARATION

## COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••  
(An election cycle includes a primary election, a general election, and any related runoffs.)

• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••

I do not intend to accept more than \$1,110 in political contributions or  
make more than \$1,110 in political expenditures (excluding filing  
fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

2025

Year of election(s) or election cycle to  
which declaration applies

Michael E. Ohneiser

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR</b></div> <div>FIRST <b>MICHAEL</b></div> <div>MI <b>E</b></div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b>SO</b></div> <div>LAST <b>OHNEISER</b></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;">Date Received  <b>4-2-25</b> <b>(MF)</b></div> <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <b>115 Old Hwy 90 Loop</b></div> <div>APT / SUITE #;</div> <div>CITY; <b>Schulenburg TX</b></div> <div>STATE;</div> <div>ZIP CODE <b>78956</b></div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>(979)</b></div> <div>PHONE NUMBER <b>743-5412</b></div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR</b></div> <div>FIRST <b>MICHAEL</b></div> <div>MI <b>E</b></div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b>SO</b></div> <div>LAST <b>OHNEISER</b></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b>115 Old Hwy 90 Loop</b></div> <div>APT / SUITE #;</div> <div>CITY; <b>Schulenburg TX</b></div> <div>STATE;</div> <div>ZIP CODE <b>78956</b></div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>(979)</b></div> <div>PHONE NUMBER <b>743-5412</b></div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  <b>02 / 14 / 2025</b> </div> <div>THROUGH</div> <div> Month      Day      Year  <b>05 / 03 / 2025</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  <b>05 / 03 / 2025</b> </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>MAYOR</b>									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

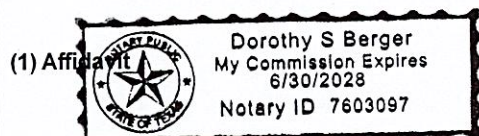
15 C/OH NAME <u>MICHAEL (S-D) OHNHUISER</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>525.38</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael (S-D) Ohnhuiser

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael (S-D) Ohnhuiser this the 2 day of April, 2025, to certify which, witness my hand and seal of office.

Dorothy S Berger Dorothy S Berger Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME MICHAEL (S-D) OHLHEISER		<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 03/12/25	<b>5</b> Payee name Schulenburg PRINTING				
<b>6</b> Amount (\$) 497.20 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 705 Upton Ave.		City; Schulenburg	State; TX	Zip Code 78956
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIAL		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name      Office sought      Office held					
Date 03/13/25	Payee name FAYETTE Co ELECTION Dept				
Amount (\$) 3.10 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 275 S ELLINGER RD		City; LAGRANGE	State; TX	Zip Code 78945
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description Voter Reg. List		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name      Office sought      Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date 04/09/25	Payee name SCHULENBURG STICKER				
Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 405 N MAIN ST		City; Schulenburg	State; TX	Zip Code 78956
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CAMPAIGN		Description Ad		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name      Office sought      Office held					
Complete ONLY if direct expenditure to benefit C/OH Michael (S-D) Ohlheiser      MAYOR					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# Schulenburg Printing

AND OFFICE SUPPLIES INC.

705 Upton Ave. • P.O. Box 429 • Schulenburg, Texas 78956  
979.743.4511 • Fax 979.743.4230 • www.SchulenburgPrinting.com

CUSTOMER # MIOHSCTX DEPT

MICHAEL OHNHEISER

115 OLD HWY 90 LOOP  
SCHULENBURG

TX 78956

R.O.A.  
INVOICE


03/12/25 848806-0  
SALESMAN 100  
WRITER 301 PAGE 1

PO #  
SHIPPING ADDRESS  
MICHAEL OHNHEISER

115 OLD HWY 90 LOOP  
SCHULENBURG

TX 78956

ITEM NBR.	CO.	DESCRIPTION	UNIT	ORDER QTY	B/O QTY	SHIP QTY	UNIT PRICE	EXTENDED
ROA-UC		RECEIVED-ON-ACCOUNT	EA	1		1	497.200 N	497.20

PAID  
cash  
3/12/25  
 Thank You

THANK YOU FOR THE ORDER!

SUB-TOTAL 497.20

TOTAL 497.20

AFTER 30 DAYS, NO RETURNS WILL BE ACCEPTED.  
ALL RETURNS MUST BE ACCOMPANIED BY THIS INVOICE.

TERMS: NET 30

*We appreciate your business!*

# Schulenburg Printing

AND OFFICE SUPPLIES INC.

705 Upton Ave. • P.O. Box 429 • Schulenburg, Texas 78956  
979.743.4511 • Fax 979.743.4230 • www.SchulenburgPrinting.com

CUSTOMER # MIOHSCTX DEPT

MICHAEL OHNHEISER

115 OLD HWY 90 LOOP  
SCHULENBURG TX 78956

COD  
INVOICE

**INVOICE**

03/12/25 848790-0

SALESMAN 100  
WRITER 207 PAGE 1

PO #  
SHIPPING ADDRESS  
MICHAEL OHNHEISER

115 OLD HWY 90 LOOP  
SCHULENBURG TX 78956

ITEM NBR.	CO.	DESCRIPTION	UNIT	ORDER QTY	B/O QTY	SHIP QTY	UNIT PRICE	D T	EXTENDED
PRINTING		Who Called : MICHAEL		1		1	294.310	N	294.31
		1,000 NOTE PADS: ELECT MICHAEL (5-0) OHNHEISER							
		FOR MAYOR							
PRINTING		TYPESETTING		1		1	20.000	N	20.00

JOB #17004

THANK YOU FOR THE ORDER!

SUB-TOTAL 314.31

TAX 25.93

TOTAL 340.24

AFTER 30 DAYS, NO RETURNS WILL BE ACCEPTED.  
ALL RETURNS MUST BE ACCOMPANIED BY THIS INVOICE.

TERMS: NET 30

*We appreciate your business!*



# Schulenburg Printing

AND OFFICE SUPPLIES INC.

705 Upton Ave. • P.O. Box 429 • Schulenburg, Texas 78956  
979.743.4511 • Fax 979.743.4230 • www.SchulenburgPrinting.com

CUSTOMER # MIOHSCTX DEPT

MICHAEL OHNHEISER

115 OLD HWY 90 LOOP  
SCHULENBURG

TX 78956

COD  
INVOICE

03/11/25 848686-0  
SALESMAN 100  
WRITER 302 PAGE 1

PO #  
SHIPPING ADDRESS  
MICHAEL OHNHEISER

115 OLD HWY 90 LOOP  
SCHULENBURG TX 78956

ITEM NBR.	CO.	DESCRIPTION	UNIT	QTY	B/O QTY	SHIP QTY	UNIT PRICE	EXTENDED
		Who Called : MICHAEL	743-5412					
ARTWORK		ARTWORK OR TYPESET		1		1	20.000 N	20.00
VINYL		VINYL CUTTING - SPOR		1		1	125.000 N	125.00
		POLITICAL MAGNETIC SIGNS						
		ELECT MICHAEL OHNHEISER FOR MAYOR						
		24" X 12" /1 SET OF 2 / WHITE WITH BLACK LETTERS						
		JOB TICKET 44261						

THANK YOU FOR THE ORDER!

SUB-TOTAL 145.00

TAX 11.96

TOTAL 156.96

AFTER 30 DAYS, NO RETURNS WILL BE ACCEPTED.  
ALL RETURNS MUST BE ACCOMPANIED BY THIS INVOICE.

TERMS: NET 30

☺ Thank You

*We appreciate your business!*



P. O. Box 160, 405 North Main St., Schulenburg, Texas 78956, 979-743-3450

2025

[illegible]

979-743-5412

SHIP TO: Michael Ohnsheiser  
Sch.

FROM: SCHULENBURG PRINTING

P.O. #

DATE 3-12-25

JOB # 1000

QTY ORDERED	QTY SHIPPED	DESCRIPTION
1 <del>MA</del>	1 <del>MA</del>	Note pads

- 2 Boxes -



**COUNTY of**

FAYETTE

**FAYETTE COUNTY**  
**Official Receipt**

376925

Received of

Michael Dohnheiser

3/13

20 25

Three Dollars and ~~45~~ 10/100

\$ 3  $\frac{10}{100}$

For Schulenburg Voter List

Dollars

CHECK NO.

OR CASH ☒

INSTRUCTIONS: This form is to be issued in triplicate -- the original detached and given to remitter, second copy remitted to County Auditor, and third copy left in book. Do not erase on this form. If an error is made, void the receipt and leave all copies intact.

Election Dept.

ISSUING DEPARTMENT OR OFFICE

RECEIVED BY Kate Morrison